

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Royalties: Funds are coming in to you or your institution due to your patent



Identifying Information

Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name) Daniel J.	2. Surname (Las Berry MD	t Name)		3. Date 14-November-2014			
4. Are you the corresponding author?	Are you the corresponding author? Yes No						
5. Manuscript Title Effect of Body Mass Index on Complications and Reoperations after Total Hip Arthroplasty							
6. Manuscript Identifying Number (if you kn	ow it)						
Section 2. The Work Under Co	onsideration f	or Publication					
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No							
Section 3. Relevant financial activities outside the submitted work.							
Place a check in the appropriate boxes in of compensation) with entities as descri- clicking the "Add +" box. You should rep Are there any relevant conflicts of intere- If yes, please fill out the appropriate info	bed in the instruport relationshipest? Yes	ctions. Use one line f	or each ent	ity; add as many lines as you need by			
Name of Entity	Grant? Perso	2	Other?	Comments			
DePuy				Hip & Knee Implant Development			
Volters Kluwer				Royalties on hip/knee arthroplasty pooks			
Elsevier				Royalties on hip/knee arthroplasty books			
American Joint Replacement Registry			√ B	Board of Directors member			
lournal of Bone and Joint Surgery				Board of Trustees			



C ii A						
Section 4. Intellectual Property Patents & Copyrights						
Do you have any patents, wheth If yes, please fill out the appropri Excess rows can be removed by I	ate information be	elow. If you ha	•			d a row.
Patent <mark>?</mark>	Pending? Issued	Licensed ?	Royalties?	Licensee?	Comments	
DePuy					Related to hip & knee implants	
Section 5. Relationshir	os not covered a	hove				
Are there other relationships or a potentially influencing, what you	activities that read	ers could perc	eive to have	influenced, or th	at give the appearance o	f
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Based on the above disclosures, below.	this form will auto	matically gen	erate a disclo	sure statement, v	which will appear in the b	юх
Dr. Berry MD reports personal fe American Joint Replacement Re- In addition, Dr. Berry MD has a p	gistry, personal fee	es from Journa		•		



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Fruth BS 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fir Kristin	st Name)	2. Surname (Last Name Fruth BS	3. Date 14-November-2014		
4. Are you the corr	responding author?	☐ Yes ✓ No	Corresponding Author's Name Daniel J. Berry MD		
5. Manuscript Title Effect of Body Ma		tions and Reoperations	after Total Hip Arthroplasty		
6. Manuscript Iden	5. Manuscript Identifying Number (if you know it)				
Section 2.	The Work Under Co	onsideration for Pul	olication		
any aspect of the su statistical analysis,	ubmitted work (including	g but not limited to grants	om a third party (government, commercial, private foundation, etc.) for , data monitoring board, study design, manuscript preparation,		
Section 3.	Relevant financial	activities outside th	e submitted work.		
of compensation clicking the "Add Are there any rele) with entities as descri	ibed in the instructions port relationships that v	whether you have financial relationships (regardless of amount . Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication .		
Section 4.	Intellectual Prope	rty Patents & Copy	rights		
Do you have any	patents, whether plan	ned, pending or issued	, broadly relevant to the work? Yes V No		

Fruth BS 2



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Dr. Fruth BS has nothing to disclose.

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Fruth BS 3



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Harmsen MS 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fii William S.	rst Name)	2. Surname (Last Name) Harmsen MS	3. Date 14-November-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Daniel J. Berry MD
5. Manuscript Title Effect of Body Ma		tions and Reoperations aft	er Total Hip Arthroplasty
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Harmsen MS 2



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Kamath MD



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Kamath MD 2



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patent

Wagner MD 1



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4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Daniel J. Berry MD
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